

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 30-APR-2012		TIME 02:51:00		2. ADDRESS OF OCCURRENCE 2356 W 25TH ST CHICAGO, IL 60608		3. LOCATION CODE 304		4. BEAT/OCCUR 1034				
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME GONZALEZ JR.		7. FIRST NAME MANUEL		8. STAR NO. 11733	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 600	12. HT. 192		
	14. DATE OF APPT. 09-MAR-2009		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 010 1022R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
SUBJECT INFORMATION	20. LAST NAME GIVENS		21. FIRST NAME JOHN		22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B.	26. HT. 507	27. WT. 185		
	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED/VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL				34. BY WHOM? DR. [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
	36. CHARGES PLACED						37. CB NO. 00000000		IR NO.			
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAILANT: ASSAULT		ASSAILANT: BATTERY			
			PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMEDIATE THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA		MEMBER'S RESPONSE		ASSAILANT: DEADLY FORCE		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
			MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 43) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____			
CASE INFO.	40. ADDITIONAL INFORMATION				41. WEAPON TYPE				42. INCIDENT OCCURRED			
	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) POSITION STAR NO. UNIT 41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial 44. WEATHER CONDITIONS CLEAR							
SIGNATURES	45. MAKE/MANUFACTURER GLOCK, INC.-AU-				46. MODEL 19				47. BARREL LENGTH 4.0			
	48. CALIBER/GAUGE 9 MM				49. TASER OART ID NO				50. WEAPON SERIAL No. (Include Letters) MYG859			
SIGNATURES	51. CHICAGO GUN REG. NO. R010355S				52. IL FIREARM OWNER ID. NO.				53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED Department Issued			
SIGNATURES	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1				58. TOTAL NO. OF SHOTS MEMBER FIRED 3				59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)			
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD NONE				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			
SIGNATURES	69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)				70. EVENT NO. 1212101315				71. R.D. NO. HV264189			
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OF COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				73. REPORTING MEMBER (Print Name) GONZALEZ JR., MANUEL 30-APR-2012 14:16:14				STAR/EMPLOYEE NO. 11733			
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) MAJERCZYK, GERARD E				STAR NO. 2201				SIGNATURE			
	75. DATE REVIEWED 30-APR-2012 14:35:32				TIME 30-APR-2012 14:35:32				SIGNATURE			

LOG #

1053667

Attachment #

15

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject receiving medical treatment at Mt. Sinai hospital.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned based on the facts available at this time that Officer Gonzalez acted in compliance with department policy in that Officer Gonzalez fired his weapon at the offender after the offender pointed his vehicle at Officer Gonzalez and attempted to hit Officer Gonzalez after striking Officer Papin with same vehicle.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1053667 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE

DATE COMPLETED

TIME

30-APR-2012 15:24:06

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No

12